

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1486

State File No. 446

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2424 East 69th Street/Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 Years
years, months or days)

3. (a) PRINT FULL NAME Martin James McCUE

3. (b) If veteran, name: war None 8. (c) Social Security No. 446-05-1604

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lenora McCue 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 11 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 16 If less than one day
hr. min.

9. Birthplace Burlington Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer (Retired)

11. Industry or business Phillips Petroleum Co.

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Egan

(b) Address 3514 Troost City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary K.C.K.

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) Jan 30 1941 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4/8
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2424 East 69th Street/Terrace (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th
year 1941 hour 11 minute 15 PM.

21. I hereby certify that I attended the deceased from 1937
to Jan 27, 1941;
that I last saw him alive on JAN 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death DICEDTJ (COMA)
Due to 61

Other conditions PROSTATIS
(Include pregnancy within 3 months of death)
Due to YRS

Major findings: Of operations 0
Of autopsy 0
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury D.M.D.
23. Signature P. C. Lunsford (M, D, or other) D.M.D.
Address 6944 P. road K.C. Mo Jan 29 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 267

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2789

P. O. Address 15 C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.